

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 242793US2TTC
		First Inventor or Application Identifier Izumi WATANABE, et al.
		Title X-RAY DIAGNOSIS APPARATUS

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PTO
09/16/03

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		ACCOMPANYING APPLICATION PARTS	
2. <input checked="" type="checkbox"/> Specification Total Sheets 47		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS <small>Citations (1)</small>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 12		12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <small>(if foreign priority is claimed)</small>	
4. <input type="checkbox"/> Oath or Declaration Total Pages a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		16. <input checked="" type="checkbox"/> Other: Request for Priority	
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies			

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

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Docket No. 242793US2TTC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Izumi WATANABE, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: X-RAY DIAGNOSIS APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	28 - 20 =	8	x \$18 =	\$144.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
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The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLOON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

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